

~~Madeline
Pict
- 4908~~

~~Freema
Pict 3075~~

~~Milliner
Pict 1328~~

~~Louise Murdock
- 3887~~

Vic Provoost
- 1021

Ova Simpson
Ethel Turner
both

Elma Watkins

Steve Young
- 4078

NEW COVERAGE
ENROLLMENT FORM
REPLY REQUESTED



HOW TO ENROLL

1. COMPLETE YOUR NEW COVERAGE ENROLLMENT FORM. YOUR UNINSURED SPOUSE MAY ALSO ENROLL IN THE PLAN AT THIS TIME.
2. SIGN THE FORM IN THE SPACE PROVIDED AND RETURN IT IN THE ENCLOSED REPLY ENVELOPE.

SEND NO MONEY NOW...
CONTINUE TO MAKE YOUR CURRENT PAYMENTS UNTIL
YOU RECEIVE A NEW PAYMENT BOOK.



**AARP GROUP HEALTH
INSURANCE PROGRAM**

P.O. BOX 13999
Philadelphia, Pennsylvania

underwritten by:

The Prudential

Dr. Robert R. Green
MEMBER

MEMBER CHECK HERE

Yes, I wish to change my
current coverage to

Feb 28, 1985.
PLEASE REPLY BY

SPOUSE CHECK HERE

Yes, I wish to change my
current coverage to

10325321-1
ACCOUNT